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**July 15, 2005**

To: U.S. Patent and Trademark Office

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**FACSIMILE POST CARD**

File No. 2003-0213.02 Client No. 4665.0 Date: 2005.07.15  
Application No. 10/694.697  
Filing Date: 10/28/2003  
Applicant(s): Parish et al.  
Title: INK JET PRINTER WITH RESISTANCE COMPENSATION CIRCUIT  
**Enclosures:**  
1. Amendment Transmittal Letter (1 page)  
2. Amendment (14 pages)  
(Includes Certificate of Facsimile Transmission)

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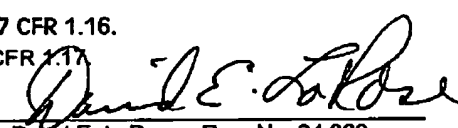
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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 2003-0213.02		
Application No. 10/694,697	Filing Date 10/28/2003	Examiner Vo, Anh T N		Group Art Unit 2861		
Invention Title INK JET PRINTER WITH RESISTANCE COMPENSATION CIRCUIT						
<b>TO THE ASSISTANT COMMISSIONER FOR PATENTS</b>						
Transmitted herewith is an amendment in the above-identified application.						
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> The fee has been calculated as shown below:						
<b>CLAIMS AS AMENDED</b>						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	* 19	minus	** 20	0	x \$50	\$ 0
INDEPENDENT CLAIMS	* 3	minus	*** 3	0	x \$200	0
MULT. DEPENDENT CLAIM ADDED					\$360	
					<b>TOTAL</b>	<b>\$ 0</b>
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.					<b>SMALL ENTITY TOTAL</b>	<b>\$ 0</b>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.						
<input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355. <input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 David E. LaRose, Reg. No. 34,369						

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial Number:	10/694,697	Applicant:	Parish et al.
Filed:	10/28/2003	Examiner:	Vo, Anh T N
Group Art Unit:	2861	Title:	Ink Jet Printer with Resistance Compensation Circuit
Attorney Docket:	2003-0213.02		

Customer Number: 21972

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O Box 1450  
Alexandria VA 22313-1450

**Via Fax at 1.571.273.8300**

Sir:

In response to the office action dated April 15, 2005, please amend the above-referenced application as given herein.